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CHILDBIRTH EDUCATION

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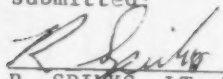
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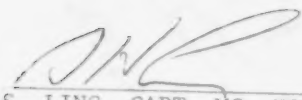
NAVAL HOSPITAL
BREMERTON, WASHINGTON

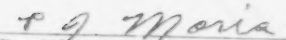
CHILDBIRTH EDUCATION BOOKLET

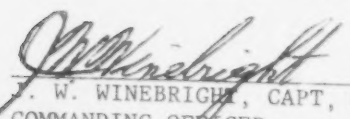
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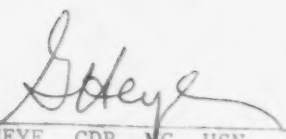

R. SPINKS, LT, NC, USN

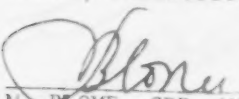
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NAVAL HOSPITAL BREMERTON
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IMPORTANT TELEPHONE NUMBERS

Hospital Information Desk.....	478-9344
OB/GYN Clinic.....	478-9209
OB/GYN Appointments.....	478-9408
Family Practice Clinic.....	478-9205
Family Practice Appointments.....	478-9225
Pediatric Clinic.....	478-9216
Pediatric Appointments.....	478-9409
Labor & Delivery Deck.....	478-9282
Post-Partum Ward.....	478-9418
Newborn Nursery.....	478-9419
EMERGENCY ROOM.....	478-9321
	478-9286
	478-9287

FOREWARD

This booklet has been written to assist you during your pregnancy. Information is provided from the prenatal period through the first 6 months of your infant's life. This booklet is not all encompassing, but we hope that it will make your pregnancy more enjoyable.

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TABLE OF CONTENTS

How your OB/Family Practice Clinics operate.....	1-4
Providers of Obstetrical Care at Naval Hospital Bremerton.....	1
OB/Family Practice Appointments.....	1
Establishing your pregnancy.....	1
Orientation visit.....	1
Laboratory Studies and other tests.....	2
Second Visit.....	2
Remaining visits.....	2
Assessment of mother and developing baby.....	3
Husband/children in clinics.....	4
Travel during pregnancy.....	4
Pre-admission to hospital.....	4
Your Medical Records.....	4
Prenatal Care.....	5-10
Prenatal nutrition.....	5-8
A few common problems during pregnancy.....	9-10
Hygiene during pregnancy.....	11
Sex during pregnancy.....	12-13
Prenatal exercise program.....	14-18
Preparation for childbirth.....	19-25
Early labor.....	20
Accelerated labor.....	21
Transition phase.....	22
Delivery.....	23-24
When to come to the hospital.....	25
Cesarean Sections.....	26-28
Six most common reasons.....	26
The cesarean experience.....	27
Emotional adjustments.....	28
Post-Partum Period.....	29-30
Common postpartum problems.....	30
Post-Partum Exercises.....	31-32
Breast Feeding.....	33-34
Forms of Contraceptives.....	35-37
Discharge Instructions for Mothers.....	38
Discharge Instructions - Care of Baby.....	39
Infants - Birth to Six Months.....	40-42
Definitions.....	43-45

How Your OB and Family Practice Clinics Operate

A. Providers of Obstetrical Care at Naval Hospital Bremerton :

Obstetrical care is provided by both the Obstetrical Service and the Family Practice Service clinics, which are staffed by fully trained obstetricians and gynecologists, family practice physicians, certified nurse midwives and OB/GYN nurse practitioners. Patients normally receive all their obstetrical-medical care through the same clinic.

a. OB Clinic patients: A certain number of patients with uncomplicated pregnancies will be transferred to Family Practice Service if the OB clinic workload is excessive or if the OB/GYN staffing is limited.

b. Family Practice patients: Patients already enrolled in Family Practice normally remain in Family Practice. Complications in pregnancy will be resolved through consultations or collaboration with OB/GYN physicians or transfer of obstetrical care to the Obstetrical service.

B. OB/Family Practice Appointments

1. Scheduling : A "normal" full term pregnancy for the human is approximately 40 weeks from the last normal period. Because of frequent confusion and inaccuracy caused by using months to designate how far you are into your pregnancy, we commonly refer to the length of your pregnancy in "number of weeks gestation". Accordingly, with the exception of your first two appointments, you are scheduled for your appointments according to your number of weeks gestation. Regardless of how advanced your pregnancy may be, your first appointment is an orientation visit and the following week is your appointment for a complete physical examination. After these two visits you are scheduled as follows:

Up to 32 weeks gestation - every 4 weeks

32-36 weeks gestation - every 2 weeks

36 weeks until delivery - weekly

2. Establishing Your Pregnancy : Prior to your orientation visit held in the OB/GYN Clinic we require you to have a positive urine HCG test. For greater accuracy your urine specimen should be obtained 42 days after the onset (1st day) of your last menstrual period. We also require this to be your first morning urine specimen. Bring your health record and urine specimen to the OB/GYN or Family Practice Clinic. You then take the chit and your urine to the lab. Usually the results are ready the next day after 0900. Upon proper identification, only you can obtain this test from the OB/GYN clinic. They will then give you a Monday, Tuesday, Wednesday or Thursday appointment for your orientation visit at 1230 PM.

3. Orientation Visit : During the Orientation visit your Health Record and outpatient card are needed, they can be obtained from the Outpatient Records Department on the 2nd Floor.

a. Purpose - The purpose of your first visit is to:

- 1) Establish your OB record.
- 2) Obtain your medical history.
- 3) Obtain your initial (baseline) blood work up.
- 4) Give you prenatal vitamins.

b. Laboratory Studies and Other Tests - All pregnant women have the following tests done at the Orientation visit:

- 1) Blood type and Rh Factor to determine if you are Rh 'positive' or Rh 'negative'.
- 2) Antibody screen to determine if you have antibodies that may become harmful to your developing baby.
- 3) Blood count to determine if you are anemic.
- 4) Rubella titer to determine if you are susceptible to catching Rubella (German Measles) or if you are immune to this disease.
- 5) Serology to determine if you need further testing for Syphilis.
- 6) Sickle Cell Screen - Sickle cell is a genetic disease mostly in the Black population. Further testing is done if results are positive.
- 7) Urinalysis with Culture and Sensitivity - This tests your urine for any abnormalities and to rule out Urinary Tract Infections.
- 8) PPD test - a skin test to determine if you were exposed to tuberculosis.

After the screening visit you should plan to attend the next Prenatal Orientation class given on every Wednesday from 1300-1400. This class meets in the OB/GYN waiting room.

4. Second Visit :

A) Completion of Medical History - At this visit you will be seen and examined by a physician, midwife, or OB/GYN nurse practitioner. It is important to call attention to any information which may have been overlooked or forgotten during the orientation interview. Any information regarding your personal medical history (especially past OB/GYN history); or any other problems or concerns, please relay them at this time. We encourage our mothers to make up lists of questions so they can be discussed.

B) Complete Physical Examination Including Pelvic - The purpose of the pelvic examination is to determine the size and position of your uterus, and the size and shape of your pelvic bones. Knowing the size of your uterus in early pregnancy is an aid in determining your approximate delivery date and gives a baseline measurement for making later evaluations of uterine growth. The shape and size of your pelvic bones may give clues regarding potential problems during labor and delivery. Also, a Pap smear of the cervix is taken during your pelvic examination, as well as a test for Gonorrhea. The Pap smear is a test for cervical cancer. If you suspect you may have had exposure to any type of venereal disease, or if your vaginal discharge has an odor or causes an itch, now is the the time to make this known. There are simple tests to determine if you require treatment, but these are not routinely done and will not be done unless you tell us of the need. If you are exposed or suspect exposure to VD any time during your pregnancy, you should immediately report this to your health care provider.

5. Remaining Visits : You probably will not receive another complete physical examination during your pregnancy until you are admitted to the hospital or unless you develop a problem which may require special attention.

A. Screening room measurements - The following will be checked and recorded in your OB record at all your visits.

1. Blood Pressure - to facilitate the taking of your blood pressure, wear clothes that will allow easy access to your upper arm.
2. Weight - You should wear clothes of the approximate same weight for each of your appointments. We prefer that you remove your shoes. We want to be sure that we are recording your weight change, not that of your attire.
3. Partial Urinalysis - This urine test is not as complete as on your initial visit. Your urine is only tested for sugar and protein. The test is done in the clinic.

B. Assessment of mother and developing baby - You will have the following checked or examined by your health care provider at each visit.

1. Fetal heart sounds - The presence of your baby's heart beat and location where best heard is checked and recorded. Prior to 20 weeks gestation, your baby's heart usually may be heard only with an electronic device which amplifies the sound, making it easier to hear. At approximately 20 weeks gestation and thereafter, your baby's heart rate can usually be heard with the fetoscope, which is a modified stethoscope. This is an aid in documenting when you are approximately 20 weeks gestation. Incidentally, if we know when you first felt the baby move, noted as a fluttering sensation, this is also helpful for dating your number of weeks of gestation. Mark this date on your calendar and report it to your health care provider on your next visit.
2. Fundal Height (Uterine growth) - The uterus, is measured with a tape measure from the pubic bone to the upper-most part of your uterus, called the fundus. This is recorded in centimeters and gives a good estimate for proper growth of your baby from visit to visit.
3. Edema (swelling) - Most women notice swelling of the hands and feet towards the end of their pregnancy. You will notice this when your rings and shoes become tight. If this swelling is accompanied by frequent or prolonged headaches, blurring of vision, or shoulder pain, notify your health care provider.

Notes of Interest

1. Husband/Children in Clinics - Your husband or any adult that you wish may attend any clinic visit with you. We strongly encourage that your husband or other support person accompany you throughout your pregnancy. Due to space limitations, we suggest that you arrange for child care and do not bring your children with you for your appointments. (Use the Hospital's Child Care Center - it's free).
2. Travel During Pregnancy - When traveling, stop every hour during long trips and walk about briskly for several minutes. Do not wear any restrictive clothes such as girdles, garters, tight belts, knee high stockings, non maternity pants such as blue jeans. All of these can impair your circulation and make you more prone to develop varicose veins and/or vein inflammations and edema. Before you finalize your travel plans, discuss them with your health care provider. You will need to hand carry a copy of your records if you plan to take an extended trip. Airlines generally do not fly women in the last month of pregnancy and usually require a note from a health care provider documenting the due date.
3. Overseas Travel - Immunizations.
 - a) Recommended- Tetanus, Diphtheria, Typhoid, Cholera (only if necessary), Hepatitis B (after exposure or if necessary), Influenza is optional.
 - b. Not Recommended- Polio, Mumps, Rubella, Yellow Fever (only if required for a high risk area), and Smallpox (presently not required anywhere).
4. Pre-Admission to Hospital

When you have reached your 32nd week of pregnancy, you need to go to the admissions office and fill out the necessary paperwork for your impending hospitalization. This will save you and your support person much time and aggravation when the time actually comes.
5. Your Medical Records

During Pregnancy your records are kept seperately in the OB/GYN Clinic or in the Family Practice Clinic (depending upon where your care is provided). After hours and on holidays your record is kept on the Obstetrical Ward, in Labor & Delivery area, on the 4th floor. If during your pregnancy you are transferred to a new duty station or plan to receive Obstetrical care elsewhere, (Military facility), your OB records should go with you. If you are to be followed by a civilian care provider, a copy of your records will be provided at your request. Remember, your health record is property of the Federal Government and does not belong to you.

PRENATAL CARE

Prenatal Nutrition

1. Introduction - Your nutrition before and during your pregnancy influences your health and the health of your baby. Your baby is dependent upon you to provide all his nutritional needs. Now is the time, if you haven't already done so, to establish good eating habits. If you do not take in the minimum nutritional requirements, the baby takes nutrients from your body which ultimately leaves you tired, undernourished, and sick. Many people experience morning sickness during the early months of pregnancy. This is normal. When you do eat, even though you may not get all of the minimal portions of the food groups, eat nutritional foods. No one food can supply all the nutrients in the amount required. An excess of one nutrient will not make up for a lack of another. Eating a variety of food each day is the best way to make certain you are obtaining the nutrients you require.

During pregnancy, human infants grow from a single fertilized cell (egg) to a fully developed infant weighing about 7 1/2 pounds in a 40 week period. This is the most rapid growth period of the entire human life. Your body will require additional protein, calories, vitamins, and minerals to meet the needs of your growing baby. These additional nutrients are used for:

- the rapid growth of the baby.
- the development of the placenta.
- the enlargement of maternal tissue.
- the increased maternal circulating blood volume.
- the formation of amniotic fluid.

2. What You Should Eat - The most important thing you can do for your baby and yourself is to eat nutritiously during your pregnancy. Your daily requirements for many nutrients such as iron, calcium, vitamins increase dramatically during pregnancy. This means that you have to be more concerned with the nutritional foods you are eating. There is less room for the junk foods such as sugary, deserts, candy, chips, soda, etc. These foods contribute extra calories but virtually no essential nutrients. Taking prenatal vitamins does not substitute for good nutrition. Prenatal vitamins are an addition to ensure that you receive some extra vitamins and minerals that you may not receive in your daily food intake.

The Daily Food Guide summarizes the foods that you need every day to supply the essential nutrients for you and baby. Check this guide daily to ensure you are meeting your needs. Either plan your daily meals ahead or review your diet at night. If you have have left any group out, eat those groups before retiring for the night.

DAILY FOOD GUIDE

FOOD GROUP	Daily Servings		
	Nonpregnant	Pregnant	Breast Feeding
Meat	4	4	4
Dairy	2	4	5
Grain	4	4	4
Fruit	1	4	1
Vegetable	1	4	1

3. Meats - Meats provide protein. Protein provides the basic structure of every cell of the body. Protein builds and maintains muscle tissue for both you and baby. Protein foods also provide B vitamins and iron. Iron is needed to form red blood cells which are of special concern during pregnancy, since your blood volume increases. The B vitamins are important for energy production and proper growth. You must have 4 servings of meat foods a day. A serving is a normal size piece of food such as 1 egg, 1 piece of chicken, 1 hamburger patty, etc. In the Bremerton area the best sources of meat are eggs, chicken, beef, fish seafood, and game meat such as deer. Foods to be avoided during pregnancy are bologna, hot dogs, spam, and sausage. If you are a Vegetarian or have unusual eating practices, it is important to have diet evaluated, especially in pregnancy. Examples of meat foods are:

Beef: ground, cube, roast
Eggs
Lobster, shrimp, clams

Canned tuna, salmon, crab
Fish: fillet, steak
Scallops, oysters

Pork: ham, ground roast, chop
Rabbit
Lamb: chop, roast
Veal: ground, cube, steak, chop

Poultry: chicken, turkey
Duck
Spareribs
Game: deer, elk, moose

Organ meats: liver, kidney, sweetbreads, tongue, heart, 'Rocky Mountain oysters'

4. Dairy - These products are the best source for calcium which is important for bone and teeth formation. Also needed for proper nerve and muscle operation. Dairy products also provide B vitamins, and vitamins A and D. One serving is 8 oz. (1 cup or 240cc) unless otherwise noted.

Examples of Dairy Products:

Cheese: hard and semisoft (except bleu, camembert, and cream)
Cottage cheese, creamed
Cow's milk: whole, nonfat, low fat, nonfat dry reconstituted
Buttermilk
Evaporated milk
Goat's milk
Ice cream (check label for milk content)
Soybean milk (low B12 content)
Yogurt
Cream soups made with milk

Note: Tofu is also a source of calcium; 1 cup Tofu may be exchanged for one serving of the above foods.

5. Grains - Grain products provide B vitamins and iron. Try to choose whole grain products when possible. Whole grain products contain more vitamins and minerals and also fiber which aids in preventing constipation.

Whole grain items:

Brown rice
Cereals, hot: oatmeal (rolled oats), rolled wheat, cracked wheat, wheat and malted barley
Cereals, ready-to-eat: puffed oats, shredded wheat, wheat flakes, granola
Cracked and whole wheat breads
Wheat germ, 1 Tbsp.

Enriched breads, cereals, and pastas:

Bread
Cereals, hot: cream of wheat, cream of rice, farina, cornmeal, grits
Cereals, ready-to-eat
Cornbread
Crackers

Macaroni, noodles, spaghetti, cooked
Muffin, biscuit, dumpling
Pancake
Rice, cooked
Roll, bagel
Tortilla, corn, flour
Waffle

6. Fruits - Vitamin C is necessary to help cement body cells together, strengthen blood vessels, and aid in healing wounds. Use real fruit juices, either canned, fresh, or frozen. Use fruit juices as your beverage during meals.

7. Vegetables - Vegetables provide various vitamins, minerals, and fiber to your diet. Fiber helps prevent constipation and promotes regularity. Include both green and yellow vegetables to your diet daily.

Examples of Vegetables:

Green

Artichoke
Bean sprouts
Beet
Burdock root
Cauliflower
Celery
Cucumber
Eggplant
Beans
Lettuce
Potato

Yellow

Bamboo shoots
Carrot
Corn
Beans
Hominy
Sweet potatoes
Yellow squash
Yams
Pumpkin
Parsnips
Rutabaga

9. Liquids - There is no maximum or minimum amount of fluids you should drink. Your own body will regulate your desire for fluids. When you do drink, drink healthy. That is, milk and juices, stay away from soft drinks.

10. Salt - Check the label to make sure the salt you use is iodized. If your general health is good and your pregnancy progresses, as it should, salt to taste. Salt provides the sodium that is used for the expanded maternal tissue and fluid compartments, as well as to provide fetal needs.

11. Medication - The susceptibility of your baby's growing tissue to drugs and chemicals is greater than that of your mature tissues. Do not take any medications without prior approval from your health care provider.

12. Dietary Supplements - Most women cannot meet the requirements of pregnancy for iron and folic acid by diet usually because of poor nutrition prior to pregnancy. Supplemental vitamins are generally provided, to be taken only as directed.

13. Caffeine - Caffeine is not recommended during pregnancy. The growing baby becomes used to it's caffeine fix, as you do, and after delivery can go through a period of withdrawal. Caffeine is included in coffee, tea, chocolate, cocoa, and soft drinks.

14. Smoking - For pregnant women, smoking should be avoided because it severely reduces the supply of oxygen to the baby and lowers the birth weight of the infant. This includes second-hand smoke from others smoking around you.

15. Alcohol - Alcohol freely crosses the placenta and should be avoided because of its possible toxic effects on your baby's neurological and physical development. The infant also becomes more intoxicated than you do as they cannot process the alcohol through their immature liver as quickly as you can.

16. Saccharin - Saccharin may be a potential carcinogen (cancer producer) in humans. Ask your physician about the use of saccharin.

17. Nutrasweet - The consequences of Nutrasweet use during pregnancy has not been established. Avoid it as you would any unnecessary chemicals in your diet.

18. Weight Gain - One of the normal aspects of pregnancy is weight gain. If you eat nutritiously, that is eating 4 portions of the 5 food groups, you will gain the right amount of weight for you. There is a big difference between weight gained nutritiously and that gained from junk food. Junk food mothers are more prone to swelling, high blood pressure and anemia, to name a few. Expectant mothers who are 10 percent or more underweight are encouraged to gain weight during their pregnancy by adding more portions of the basic food groups.

19. A Few Common Problems During Pregnancy -

Nausea and vomiting - "Morning sickness" is very common in early pregnancy and can be caused by hormonal changes. To help relieve this problem try the following:

- 1) Before you get out of bed in the morning, eat a few soda crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- 2) Get up slowly in the morning. Avoid sudden movements.
- 3) Eat 5 or 6 small meals a day. Never go for long periods without food.
- 4) Drink fluids, including soups, between rather than with meals.
- 5) When you feel nauseated between meals, drink small amounts of apple juice, grape juice, or carbonated beverages (7-Up, Gingerale, etc.).
- 6) Avoid greasy and fried foods. These include butter, margarine, mayonnaise, bacon, gravies, pastries, fried meats, and french fries.
- 7) Eat lightly seasoned foods. Avoid foods cooked with pepper, chile, and garlic.
- 8) When you cook, open windows or use the exhaust fan to get rid of odors.
- 9) Vitamin B-6 is sometimes prescribed.
- 10) If you have continuous vomiting for 24 hours contact your health care provider for medication.

Constipation - The pressure of the enlarging uterus on the lower portion of the intestine in addition to increasingly relaxed gastrointestinal muscles, may make elimination difficult. To help relieve this problem:

- 1) Eat more raw fruits and vegetables, including skins. Also try dried fruits, stewed prunes or apricots, and prune juice.
- 2) Use whole grain cereals and breads such as oatmeal, whole wheat bread, and brown rice. Try wheat germ on your cereal or have a bran muffin.
- 3) Drink more liquids. Include water, milk, fruit juices, and soups. A glass of warm water when you get up may help.
- 4) Eat meals at regular times.
- 5) Exercise regularly (walking is good).
- 6) If constipation continues, talk to your doctor. Do not take any over-the-counter drugs or home medications such as mineral oil.

Indigestion - Heartburn and gas are common problems, especially after meals. The growing baby presses up against the stomach and can interfere with normal digestion. To help relieve this problem:

- 1) Eat small meals throughout the day.
- 2) Avoid gas forming foods if problematic (onions, fried foods, cabbage, baked beans, orange juice, apple juice, etc.)
- 3) Avoid caffeine and spicy foods.

Other Complications

If you have any of the following signs or symptoms please notify your health care provider during the weekdays or Labor & Delivery after 4:00 PM, weekends, or holidays.

- 1) Vaginal bleeding.
- 2) Loss of fluid from vagina - may be a sudden gush or a slow trickle of fluid.
- 3) Severe or constant abdominal pain.
- 4) Severe, frequent headaches, especially associated with swelling of hands, feet or face. Have visual blurring, double vision, or spots before your eyes.
- 5) Fever over 100.4 degrees not related to a cold.
- 6) Lack of fetal movement or less than 3-4 movements per hour.
- 7) Painful urination, sensation of not emptying bladder completely, especially if having low back pain.
- 8) Unrelieved nausea and vomiting.

Hygiene During Pregnancy

1. Bathing - You are encouraged to tub bathe or shower daily and to shampoo your hair frequently during pregnancy. Do be careful to avoid falls caused by slippery surfaces and your tendency to lose your balance as your pregnancy progresses. Extremely hot baths (and showers) should not be taken for two reasons: you may become faint, and the effects of extreme heat on the developing fetus are not fully known. For this reason jacuzzi's, saunas, and spas should be avoided.

2. Douching - DO NOT douche during your pregnancy. Most health care providers suggest no douching at all (pregnant or not). It reduces the normal bacterial flora of the vagina and may lead to possible vaginal infections. During pregnancy you will have a thicker vaginal discharge which should have no odor or cause any itch. If odor or itch occurs, notify your health care provider.

3. Vaginitis - Because of changes in hormones or body chemistry during pregnancy, some type of vaginal infections are more common in some women. The following are some 'Do's and Don'ts' to treat and help prevent further occurrence of vaginitis:

a) Do's

- (1) Take all medications as directed and until therapy is completed.
- (2) Throw away all unused medication once treatment is completed.
- (3) Wash your hands thoroughly before and after inserting your vaginal medication.
- (4) Inform your health care provider if:
 - (a) You have been recently treated with an antibiotic. (Antibiotics can cause normal vaginal flora to flourish).
 - (b) There is diabetes in your family.
 - (c) If you have any known allergies.
- (5) Remind your health care provider that you are pregnant as some treatments for vaginitis are contraindicated during pregnancy.
- (6) Wear cotton panties or panties with cotton crotch. Cotton helps to absorb moisture.

b) Don't's

- (1) Attempt self-medication.
- (2) Take left over medication from previous treatment.
- (3) Stop taking medication before treatment is completed.
- (4) Douche.
- (5) Wear under garments which have a nylon crotch.

Sex During Pregnancy

Questions and Answers

Pregnancy is a time of erratic mood swings for you and your husband. You may alternately feel fatigued, exhilarated, content, depressed, eager, fearful, motherly and beautiful, uncomfortable and unattractive. He may on the other hand feel proud at having fathered a baby, to anxious about the new financial responsibilities; from protective toward you and the developing baby, to jealous of your new preoccupation. All these mood swings will in turn have their changing effect on your attitudes toward each other and your desire for sex. The most important thing is not what you feel or how silly you think it is, but that you share those feelings with each other. In this way you can make necessary adjustments and accommodations for a sexual relationship that continues to be as fulfilling as possible for both of you.

Following are some answers to questions that commonly trouble expectant couples. If, after you and your partner have read this and have further questions, do not hesitate to ask your health care provider.

1. Will my desire for sex decrease during pregnancy ?

No two women react exactly the same way to pregnancy. In most women, pregnancy has no significant effect on their interest in sex. In those women for whom contraception was an interruption or psychological obstacle, pregnancy may be a period of carefree and uninhibited sexual indulgence. At certain times, some women may feel they are "losing their figure and looks" during pregnancy. They may even desire sex more often than usual as reassurance that their partner still loves them and finds them attractive.

Occasionally there will be a woman who feels an absolute distaste for intercourse throughout the course of pregnancy. It is thought that this may be related to a conscious or unconscious fear of hurting the fetus, for it usually disappears after the baby is born.

2. Can vigorous intercourse harm the baby ?

It is virtually impossible to harm the fetus in the uterus during sex. The fluid it floats in, the membranes that contain it, the uterus itself, the abdominal wall and the bony pelvis all serve to protect the new life from injury.

3. Is it harmful to have orgasm during pregnancy ?

Not at all. Orgasm is just as beneficial now as at other times. Your having an orgasm will have no effect on the baby.

4. How often is it safe to have intercourse during pregnancy ?

There is no ideal frequency and any frequency is safe. Frequency varies markedly from couple to couple, and from month to month with the same couple. Some women are disinterested during the first three months of pregnancy, partly due to the fatigue that may accompany this period. But they tend to regain their energy in the fourth month and will often experience a new surge of sexual feeling.

5. Can I have intercourse any time during pregnancy ?

Sexual intercourse is normal throughout pregnancy. Intercourse should be stopped and your health care provider consulted if:

- (a) Your "bag of waters" has broken.
- (b) You have vaginal bleeding.

6. I have a history of miscarriages, must I abstain from sex ?

Each case is individual. You need to consult your health care provider.

7. I don't have pain, but the pressure during intercourse causes me great discomfort .

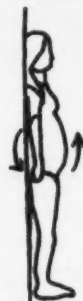
If this is due to your husband's weight, then change positions. If you're feeling internal pressure, it is wise to avoid deep penetration. You can try to change the angle of entry (see illustration) or use lubricant. If the problem persists, consult your health care provider.



Prenatal Exercise Program

1. Posture Training - Correct standing is very important. As your pregnancy continues, you tend to allow your abdominal muscles to relax, causing you to attempt to maintain your balance by leaning backwards. This places tremendous strain on your lower back which can lead to low backaches.

To avoid this, learn to "carry" your pregnancy supported by your pelvis. Avoid and alleviate backaches by doing pelvic tilts while standing: then hold this position.



Tighten your abdominal muscles and buttocks. Practice this by standing with your back against a wall, your heels about four inches out from the wall, and your knees slightly bent. Flatten your lower back firmly against the wall and maintain position for at least five seconds. Repeat 10 times.

Remember, while walking or standing, to "stand tall" with your baby centered over and supported by your pelvis.

2. Good Body Mechanics for Daily Activities

a) Vacuuming, mopping ; using long handle implements: Work diagonally in a "lunge/thrust" position (with one foot forward of the other) to assist your arms.

b) Pushing grocery cart : Stand upright with your hands close to your body to prevent low back strain.

c) Floor level activities - Tub bathing a child, cleaning the tub; scrubbing or waxing floors: These tasks should be done from a kneeling or squatting position. Never lean over from the waist and attempt such tasks.

d) Folding clothes or ironing : Sit down to do these tasks or stand at a counter top. Do not lean over a bed or other low surfaces. If prolonged standing, place one foot forward on a footstool. This helps to flatten your lower back and prevents back fatigue. Always stand as close as possible to your work.

e) Working at high counters for prolonged periods:
Again, move in as close to your work as possible. Sit on edge of high stool with your feet on the floor. Make certain stool is not likely to slip out from under you.



f) Correct Lifting : Good body mechanics when lifting is extremely important. It is done by bending at your hips and knees, rather than at your waist. Whatever is being lifted should be held as close to your body as possible, while keeping your back straight. Place one hand on your knees, wall or solid furniture for balance while squatting and lifting to standing position. Lift with your legs, not your back. If you have small children, it is essential to use correct lifting techniques while picking up your child. Do not carry a child on one hip as this twists your spine.



3. Relaxation and Sleep Positions - a) Sitting positions

(1) Chair Sitting : When sitting, your knees should be level with your hips. Do not tuck your feet under your chair. Both feet should be flat on floor, or they may be out in front of you on a stool. The edge of the chair should not cause pressure behind your knees, as this can hamper circulation to your lower legs. This may cause or increase swelling of your legs and feet, and/or varicose veins. For this same reason, you should not cross your legs at your knees, you may cross your ankles. Make sure your lower spine is supported.



(2) Tailor Sitting : Sit with your ankles crossed and gently press your knees toward the floor. Do 10 times. You may progress in this exercise until you are able to place the soles of your feet together instead of crossing your ankles. Practice this exercise with your shoes off.



This is a strengthening/toning exercise for the inner thighs and is helpful in preventing muscle spasms, (charlie horses), of the upper legs when in position for delivering your baby. Do daily, 10 times per session.

b) Lying positions - Proper sleep positions are very important and a firm mattress is desirable.

(1) Stomach lying : You may use this position as long as it is comfortable. A pillow under the hips may help.



(2) Side lying : Use a pillow under your head and a small pillow between your knees.



(3) Back lying : In general, you should not lie on your back during the last half of your pregnancy, as this may hamper good circulation to your feet and legs, thereby increasing swelling. It also can cause feelings of light headedness because of the restriction of blood flow from the uterus on the vessels lying along side of the spine.

4. Toning and Strengthening Exercises (Should do all exercise sets twice daily).

a) Pelvic Roll -Purpose: Prevention and relief of low backaches.

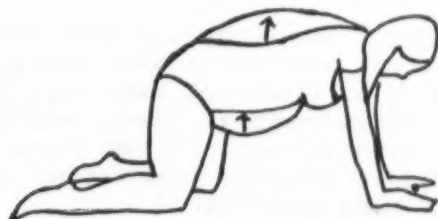
(1) Back Lying Position - Lie on your back with your knees bent and feet flat on floor. Press the small of your back towards the floor as you pull your stomach muscles firmly inward. This motion flattens your lower back. Hold this position for 5 seconds and then relax as you slowly breathe out, returning to starting position. Repeat 10 times.



(2) Side Lying Position - Lie on your side with your knees bent and pull your stomach muscles firmly inward as you flatten the small of your back. Hold position for 5 seconds. Relax as you slowly breathe out, returning to starting position. Repeat 10 times.



(3) All-four Position - Assume the "hands and knees" position with your shoulders directly over your hands and your hips directly over your knees. Arch your back upward like a "mad" cat as you pull your stomach muscles firmly inward. Hold position for 5 seconds, and then relax as you slowly breathe out, returning to starting position. Do not relax into a sway back position as this creates a strain on the lower back.



b) Curl-ups (Half sit-ups) - Purpose: Strengthen abdominal muscles, giving better support to back and abdomen.

(1) Straight Curl-up - Lie on your back with your knees bent and feet flat on floor. Do pelvic roll (as described above) while you raise your head and shoulders off the floor until you can touch your upper legs just above the knees. Hold position for 5 seconds. Then gradually relax as you slowly breathe out, returning to starting position. Take a deep breath between each curl-up. Repeat 10 times.



(2) Diagonal Curl-up - Same position as for straight curl-up. As you raise your head and shoulders reach your right hand towards your left knee. Hold position 5 seconds. Relax as you breathe out, returning to starting position. Take a deep breath. Now repeat with opposite hand (left hand to right knee). Repeat 10 times for each side.

c) Kegel exercise - Purpose: Strengthens muscles of the pelvic floor for better support of vagina, bladder, and rectum during pregnancy and after delivery. Identifies for you which muscles you will need to consciously relax when you are "pushing" for the actual process of delivery. Probably the most important exercise you can do.

Lie on your back with a pillow under your head, your lower back flattened, and your legs crossed at the ankles. Squeeze or pull your pelvic floor muscles firmly upward as if trying to not pass your urine. Hold muscles taut for 5 seconds. Then relax as you slowly breathe out. Repeat at least 5 times a day. You do not need to lay down to do this exercise. You may also practice when sitting on toilet. Deliberately start and stop your flow of urine until your bladder is empty.

Once you have learned which muscles to contract, you may practice "Kegels" while sitting or standing. It can be done without others knowing you are exercising. This is also an excellent exercise to use after delivery to tone up the muscles around your vagina that were stretched during delivery.

Sports and Activities : Keeping your muscles, heart, and lungs in good condition helps you carry your pregnancy with less discomfort. Activities such as bowling, dancing, bicycling and golf are encouraged for those accustomed to them. Avoid participation in contact such as water or snow skiing. If you have a history of miscarriages, then you should discuss your level of physical exertion with your health care provider.

Preparation for Childbirth

Classes : We offer you a course in Prepared Childbirth on a scheduled basis throughout the year. Each course is held weekly for six weeks. Posters of dates, times, and place can be found in the OB/GYN and Family Practice Clinics.

Class Objective :

By the time labor starts, the pregnant woman and her husband or support person, will have an understanding of the pregnancy process and methods they can use to make the childbearing experience as comfortable as possible.

Class Content :

1. Emphasis will be on preparation of the mother and husband/support person for the experience of labor and delivery.
2. Methods will be presented regarding good mental and physical health in relation to labor and delivery.
3. Basic breathing and relaxation techniques will be demonstrated.
4. Through demonstration and use of visual aids the instructor will present the following concepts for understanding:
 - 1) What is Labor?
 - 2) What happens to the mother's body?
 - 3) What is happening to the infant?
 - 4) How do Mom and support person feel?
 - 5) What to expect in the labor and delivery rooms.

Labor and Delivery

Labor has 3 phases. (Early, accelerated, and transition phases). Labor begins with the onset of "true labor contractions", and ends with complete dilation of the cervix. By "true" labor we define this to mean contractions which are strong enough to dilate and efface the cervix.

"Early Labor" (phase 1)

Characteristics

The cervix, which is the opening to the uterus dilates 1-3 centimeters (cm). Uterine contractions usually develop a regular pattern and may be accompanied by:

- increased mucous
- bloody vaginal discharge ("show")
- backache
- abdominal cramps
- rupture of membranes

How the Mother May Feel

- Excited!!
- Happy
- Relieved (her day has come!)
- A sense of anticipation

How the Support Person May Feel

- Excited!!
- Happy
- Apprehensive
- Nervous

What the Mother May Do

Carry on with normal activities.

What the Support Person May Do

Comfort measures and support activities will be discussed and practiced.

Relaxation :

Conscious, controlled relaxation is probably not necessary at this time -- but stay calm!

Breathing :

No special breathing or relaxation is needed until you can no longer walk or talk through a contraction. During a contraction you may want to stop what you are doing and lean forward to release tension on the abdominal wall.

Other :

Time the frequency and duration of the contractions. Contact the Labor Deck to best determine when to go to the hospital. If hungry, drink only clear liquids like jello, soup (bouillion), tea (with sugar), etc. Try to sleep if at night.

What the Support Person May Do

Help pass the time of day (watch TV, play cards, etc). Keep her calm and relaxed if necessary. Periodically record the timing of the contractions. Assist if necessary with contacting the doctor, but remember, the nurses will want to talk directly to the woman in labor.

REMEMBER : Labor is different for every person, every pregnancy, from onset to birth of the baby!!!

"Accelerated Labor" (phase 2)

Characteristics

The cervix dilates 3-7 cm. Uterine contractions become stronger and longer (40-60 sec.) and more frequent from 2 to 4 minutes apart. Increased vaginal and rectal pressure is felt. Conscious relaxation now becomes necessary.

How the Mother May Feel

Contractions are now strong and firm and relaxation takes determination and practiced control. She is busy concentrating on relaxation and can't be bothered with extraneous distractions. If she breathes too rapidly she may hyperventilate. The symptoms of hyperventilation are:

- a) dizziness, tingly feeling or numbness in extremities, or lips and tip of nose.
- b) stiffening and cramping of hands and feet.

What to Do

- a) Don't fight the contractions.
- b) Slow deep breaths prevent hyperventilation.
- c) Breathe normally between contractions.
- d) Let muscles go loose.
- e) Slow deep breath- in through nose- out through mouth- let jaw muscles 'go loose'.

Position : Any position she finds comfortable, including walking.

Relaxation : Complete, total release of your entire body. Think "let go" from waist to toes with each contraction. Relax the pelvic floor (especially important during internal exams). Visualize the cervix softening and opening. RELAXATION IS THE KEY TO COMFORT DURING THIS STAGE.

Urination : Try to urinate every 2 hours.

Breathing : "Slow Deep Sleep" breathing.

What Support Person May Do

Remain with the laboring mother. Assist her into a comfortable position. Avoid having her lie flat on her back. Suggest the position she slept in during the last few weeks of pregnancy. Encourage her to change position (even to Indian style sitting) frequently; assist with pillows. Check and encourage relaxation. A gentle voice and touch are important. Check for gentle, easy breathing. Remind her to urinate. Gentle abdominal massage will be comforting and will remind her to relax the lower abdominal muscles. Talk her through the contractions.

IF IN BACK LABOR: Same breathing techniques, use back massage, counter back pressure, side laying or leaning forward. (Use with tennis ball if necessary). Offer Blistex or chapstick, sponge lips with moist cloth, wipe face, lollipops (sour), ice chips as allowed. Cotton socks for warmth, powder for abdominal massage. Use verbal sequence to relax her (or any other method you have worked out which relaxes her). **CONSTANTLY ENCOURAGE AND PRAISE HER- Tell her how well she is doing.**

"Transition" (phase 3)

Characteristics

The cervix dilates from 7 to 10 cm. Uterine contractions become stronger, and longer (60-90 sec.) and more frequent (1/2 to minutes apart). There will be stronger pressure in the back (tail bone), rectum and vagina. You may experience:

1. nausea
2. shaking of the legs
3. hot and cold feelings
4. restlessness
5. leg cramps
6. stretching sensation deep in the pelvis
7. ache in the tail bone
8. towards the end of this phase may come the urge to push or have a "bear down" sensation.

How the Mother May Feel

You are emotionally stressed and physically tired. Everything is happening quickly, one contraction is barely over and the next is beginning. The uterus may be irritable and sensitive to touch. You may also be irritable and cranky.

What the Mother May Do

Take each contraction one at a time. Remember there are not many contractions during this phase.

Position : Any position you are comfortable in.

Relaxation : Work towards complete and total relaxation. This may be difficult but it is possible to achieve. It takes determination and practiced control.

Breathing : Breathing in through your nose and out through your mouth may need to be deep and more frequent.

What the Support Person Can Do

Take each contraction as it comes. Talk her through it or breathe with her. Saying "It's Almost Over" helps. She may be irritable and not want to be touched. She also will have trouble concentrating on any conversation. Keep encouraging her. Encourage her to relax and breathe normally between contractions. Recognize hyperventilation. If she has urge to push before being completely dilated, encourage her to "Pant/Blow" or "Blow". ENCOURAGEMENT, FIRMNESS, MORAL SUPPORT are extremely important.

Delivery (Part I) Begins when the cervix is completely dilated and ends with the delivery of the baby.

Characteristics

The cervix is completely dilated (10 cm). Contractions become much easier to manage because pushing relieves much of the discomfort. The contractions last 60 to 90 seconds, but they have rest periods between (1 to 3 min.).

How the Mother May Feel

There is great pressure in the vagina. A stinging or stretching sensation is common as well as a desire to move the bowels or desire to push or "bear down". Relief is felt when permission to go ahead and push is given. Usually there is a tremendous satisfaction with each push. Resting after each contraction is typical. Pushing takes a lot of physical effort and seeing your baby born is a THRILL!

What the Mother May Do

Tell the nurse when a desire to push is felt.

Breathing : As the contraction builds - breathe in deeply, breathe out, breathe in, hold breath and PUSH (chin on chest, eyes open, push for 10 seconds). Blow out, bring head back, breathe in- hold and PUSH, etc. Try to get three pushes with each contraction. End with a cleansing breath and relax !

Position : (In Labor Room) Bend knees, grip legs firmly under knees and pull legs up and out, or use a position comfortable for you.

Position : (In Delivery Room) Having your legs in stirrups, and with hands grasping the hand grips at the side of the delivery table, while bearing down is most common. However if you would like to deliver in another position, discuss this with the doctor or midwife in clinic and again while you are in early labor.

What the Support Person May Do

Tell the nurse of a desire to push. Assist with breathing. You may also have to physically be a support if an alternate birthing position is used.

In Labor Room :

- a) assist her into a comfortable position.
- b) raise the head of bed to 40 degrees and place pillows as needed.
- c) support her shoulders or legs as needed.
- d) remind her of breathing pattern and to keep her eyes open.
- e) help her to relax and breathe normally between contractions.
- f) Dress into cap, gown, mask, booties, scrub hands.

In Delivery Room :

- a) position yourself at the mother's head.
- b) make sure both of you can see in the mirror.
- c) if necessary, help hold up her shoulders while she pushing.
- d) as the doctor, midwife or nurse gives instructions to the mother, REPEAT them to her.

ENJOY TOGETHER THE MIRACULOUS BIRTH OF THE BABY

Delivery (Part II) Begins with the delivery of the baby, and ends with the delivery of the placenta. This stage usually lasts less than 20 minutes and is often accompanied by light cramping.

Post Delivery Procedures - Delivery Room:

1. You will find that once the cord is clamped and severed, the baby is given to the nurse and placed on a warming table. Some doctors and midwives put the baby on the mother's abdomen.
2. On the warming table the Vital Signs of the baby will be taken, and the baby will be given Apgar scores, ID bands applied, and footprinted.
3. An ID band will be placed on the Mom also and she will have her index finger printed and placed on the footprint sheet.
4. The Baby will then be given to Mom to hold.
5. The father or support person will then carry the baby to the Nursery where the baby will be weighted and measured.
6. While all this is going on, the doctor will be repairing the episiotomy and/or lacerations if either took place.

Recovery Room:

1. You will be taken from the Delivery Room to Recovery Room.
2. Here your Vital Signs will be taken every 15 minutes as well as an assessment of your fundus (uterus) and lochia (bleeding).
3. You will also have the baby brought to you here for the initial feeding.
4. You will also be given some beverage here and a snack or meal.
5. The stay in Recovery is a minimum of 2 hours.
6. After an uneventful recovery you will be taken to the Post-Partum Ward for a well deserved rest.

When to Come to the Hospital :

Please notify Labor & Delivery at 478-9282 prior to your departure from home. Feel free to call the Nurse to report the following:

1. Labor versus Braxton-Hicks contractions- During the last few weeks of pregnancy you may notice your abdomen (uterus) occasionally tightening. Braxton-Hicks contractions are more likely to be felt as a tightening toward the front and high in your uterus, whereas labor is felt as a backache which migrates forward to the lower front of your uterus as it contracts. When you begin to have contractions less than 15 minutes apart, change your activity to see if they become further apart or stop. They will if you're experiencing Braxton-Hicks contractions. However, if your contractions continue to become longer, stronger or closer together then you're probably in labor. If this is your first baby, you should come to the hospital (please call first) when your contractions are coming every 4-5 minutes, lasting 45 seconds for at least 2 hours.

Time : the frequency and length of the contractions.

Frequency : is from the start of one contraction to the start of the next.

Length : is how long the contraction lasts.

2. If you have a sudden gush or leakage of water from the vagina or bleeding like a menstrual period. Not "Bloody Show" or your mucous plug.

3. If your contractions are not regular but you are having severe pain.

Things you will need from home :

Socks to keep feet warm	Cosmetics
Sanitary Belt - 2	Panties, several pair
Well fitting Bras - 2	Nightgown -2
Bathrobe	Slippers
Toiletries (toothbrush, etc.)	Chapstick
CARSEAT for baby's discharge	Baby's clothes for discharge
Pacifier of your choice for baby	
Snack and cup for support person's use.	

Breast Feeding Moms

Breast pads, Nursing Bra, Nursing Nightgown

Visiting Policies :

1. Labor and delivery room: Only one designated person is permitted in the labor and delivery rooms due to space constraints.
2. Post Partum Ward: Fathers may visit between 1000 to 2000.
3. When the father is not available, one significant other may be designated as the visitor. Visiting for this person is 1000 to 2000.
4. All others may visit between 1900 and 2000 (7 to 8 PM.) NO Children are allowed to visit except brothers/sisters of infant, between the hours of 1900 and 2000.

Cesarean Sections

For various reasons certain women have Cesarean Sections. The six most common reasons are:

1. Failure to Progress - During pregnancy the upper two-thirds of the uterus enlarges to accomodate the growing baby. During labor the lower third of the uterus, the cervix, must change to allow for delivery. The cervix is long and thick like a bottleneck before the onset of labor. Contractions cause the cervix to efface (thin down) and dilate. Then it is ready for delivery.

Sometimes the cervix fails to dilate during labor contractions. Instead it remains partially open, but no progress is made. Since the Obstetrician cannot let labor continue indefinitely, he may decide to augment labor with medication. Through the use of oxytocin (a synthetic hormone), the doctor can increase the intensity and frequency of the contractions, hoping to cause the cervix to dilate. If dilation still does not occur, the physician will do a cesarean.

2. Cephalo-pelvic Disproportion - The size of a baby's head varies. The head may be too big for the mother's pelvis or the pelvis is too small for the baby's head. Since the pelvic canal is irregular in shape, a full term baby may not always be able to pass through it.

Prior to the onset of labor, the baby's head should descend into the pelvis below the pelvic inlet. However, many women begin labor while the baby's head is "floating" - meaning that the baby has not descended into the pelvic canal. In this case the doctor must carefully monitor the progress of the labor. If the baby's head is too large or the mother's pelvis is irregularly shaped, a Cesarean delivery is usually indicated.

3. Malpresentation - The most common malpresentation which occurs is termed "breech" when either the buttocks (frank) or feet (footling) present in the birth canal. This usually mandates a Cesarean section delivery to decrease the chances of fetal damage occurring during a vaginal delivery. In certain circumstances a vaginal delivery can be performed with equal safety as a Cesarean section, however, this is the exception. In all instances your physician will explain the risks and benefits of either approach and you will be included in the final decision.

Another form of malpresentation is called a transverse lie in which the baby is lying across the mother's pelvis. Depending on the circumstances, the obstetrician may try to rotate the position to head down. This is not always successful, and a Cesarean may be indicated.

4. Fetal Distress - The fetal heart rate may fluctuate during labor, within the normal range of 120 to 160 beats per minute. Fluctuations are not dangerous in themselves, but a consistent drop may indicate that the baby is not receiving adequate oxygen. Sometimes this is caused by the mother's position during labor. By lying flat on her back at less than a 40 degree angle, she creates pressure on the main blood vessels of the body and causes vena cava compression, which can cause the baby's heart rate to drop. By turning on her left side, the mother can eliminate some of the pressure and often correct the problem. Oxygen is sometimes administered to the mother in combination with the position change.

To keep track of the baby's heart rate during labor, an instrument called a fetal monitor is used. Fetal monitoring gives a continuous picture of what is going on with the baby in relation to the mother's contractions. This is recorded by plotting the fetal heart rate at the same time as the mother's contractions.

The monitor is an electronic receiving device that is attached to the laboring mother shortly after arrival to the hospital. Two discs are placed on the mother's abdomen and held in place by belts. One records the baby's heart rate and the other records the contractions.

5. Bleeding - Bleeding during pregnancy, not "Bloody Show" or mucous plug, can be both a problem and an annoyance. If the physician cannot find a cause for the bleeding, he will monitor the pregnancy more carefully.

In labor, bleeding may indicate a premature separation of the placenta or a placenta previa. A woman who experiences bleeding at the onset of labor should call the Labor desk immediately. Experiencing one continual contraction- without a rest period- is also a danger sign, and the labor desk should be called at once.

6. Repeat Cesareans - "Once a Cesarean, always a Cesarean", is a saying that is beginning to change. In the past, Cesareans have always been done on women who had previous Cesareans. Up until the past decade Cesareans were always done with a vertical incision, from top of uterus to the cervix. It was believed that the vertical incision with subsequent pregnancies and labor could not withstand the stress of contractions and was more likely to rupture. (Scar tissue does not stretch well). Today, a transverse (Bikini cut) incision is made in the majority of the Cesareans. This reduces the chance of the scar rupturing and increases the chances for a successful vaginal delivery.

Any women considering a vaginal delivery after a previous Cesarean should talk to her doctor about the reasons for the Cesarean and evaluate the possibility of a vaginal delivery. Not everyone is a candidate for subsequent vaginal birth.

The Cesarean Experience

It is often possible for you to remain awake during a Cesarean delivery and fully experience the birth of your child. When the decision is made to have a Cesarean section certain preparations are made. You will be given a special permit to sign authorizing the procedure. Your abdomen will then be shaved from the top of the labia to the bottom of the breasts. A Foley catheter will be inserted to continuously drain your bladder. You will be talked to by an anesthesiologist or anesthetist to determine the best method for doing the surgery. This will be based on your medical history. An oral medication will be given to neutralize your stomach acid. You will then be wheeled to the Operating room. To remain awake, a spinal anesthetic is given.

A spinal anesthetic is given by placing an anesthetic into your lower spinal column with a small gauge needle. You will then be placed on your back and your abdomen will be scrubbed with an antiseptic agent. A drape will be placed so that you cannot see the actual surgery. When the anesthetic has taken hold you will be numb from just below your breasts to your toes.

As the surgery progresses, you may feel a burning sensation as your bladder is pushed forward and then a tug as your baby is lifted out. You will hear the suctioning of fluid from the baby's nose and mouth and then hear your baby's first cry as he takes a breath. The infant will be examined by a pediatrician and then will be taken to the nursery. You will spend approximately another 20 minutes in the O.R. while the incision is closed. Then you will be taken to the recovery room. After a short stay in the Recovery Room, you will be transported to the Post-Partum ward where you will be reunited with your husband or support person and your baby will be brought to you.

When a general anesthetic is given (put to sleep), you will be prepped and then taken to the O.R. In the O.R., the anesthetist will place medications in your IV and an oxygen mask will be placed on your nose and mouth. After you drift off, a tube will be placed down your throat into the top part of your lungs to assist you in breathing. You will be awakened and the tube removed prior to being taken to the recovery room. You may find you have a sore throat caused from the tube. After determining that your vital signs are stable, you will be transported to the Post-Partum ward. Your baby will be brought to you when you decide you are ready.

C. Emotional Adjustments

Following delivery many parents experience difficulty adjusting to their new circumstances. This adjustment period takes about three months and during this time many women experience some form of postpartum depression (blues). They cry for no apparent reason and are easily depressed. This is compounded for the woman who has a Cesarean section. She wonders why she had to have surgery and why she couldn't deliver "normally" as other women have done. There is often a feeling of inadequency and a sense of having deprived her husband of the birth experience. This guilt is misplaced since they accomplished what they set out to do - to have a baby to hold and love.

The Post-Partum Period

After approximately a two hour recovery period in the Labor & Delivery area, you will be transported to the Post-partum ward via wheelchair. You will continue to have your IV at this time. You will be assisted to the bathroom and you will be asked to attempt to urinate. At this time you will be instructed on the use of a Surgigator. This is a device that is used to spray warm water onto your perineum to assist you in cleansing yourself. We ask that you pat yourself dry and not wipe, as wiping will cause you discomfort, especially if an episiotomy was performed.

After you use the bathroom you will be assisted to bed. The bed controls and call system will be explained and demonstrated to you. You will be reassessed as to your vaginal bleeding and uterine tone. If you are considered to be stable you will then have the IV removed. You are not restricted to bed. You will be encouraged to take a shower and to walk around the ward. Walking will help keep your uterus firm and prevent formation of clots caused by blood pooling in your uterus and vagina.

It is important that your uterus stays firm. A firm uterus will keep your lochial flow from becoming heavy and allow your uterus to return to its normal size and position more rapidly. To prevent the uterus from becoming soft, you will be instructed and shown how to massage your uterus (fundus). You will be checked frequently to ensure that your uterus is firm and lochial flow is not too heavy. Massaging your uterus every half hour for 2-3 minutes during first 24 hours will ensure that your fundus stays firm. Ensuring that your bladder is emptied when the urge to void appears will also ensure that your uterus stays firm. Breast feeding also will cause your uterus to firm up, that is why you will feel cramping at that time. Pain medication will be available to control the uterine or episiotomy pain you may experience.

You will find that your lochial flow will change in amount and in color within a few days. The characteristics of the lochial flow will change as follows:

<u>Rubra</u>	<u>Serosa</u>	<u>Alba</u>
Bright red, bloody may have small clots	Pink to pink-brown, watery, no clots	Cream to yellowish, may be brownish
Characteristic fleshy odor (animal-like scent)	Usually no odor (unless poor hygiene)	Usually no odor (unless poor hygiene)
1-3 days postpartum	5-7 days postpartum	1-3 weeks postpartum

You will also find that your uterus should decrease about 1/2 centimeter (one fingerwidth) per day below your umbilicus (bellybutton). After about 10 days you will not be able to find your uterus.

Common postpartum problems

1. Perineal pain - Mothers usually do not have perineal pain following a spontaneous vaginal delivery unless an episiotomy was performed or lacerations were repaired. Relief of perineal pain can be accomplished by the use of analgesic sprays or ointments (these are supplied). Oral pain medications also can be taken. Discomfort also can be relieved by the use of a sitz bath. Use a patting motion instead of wiping to decrease discomfort. To decrease discomfort when sitting, perform the following actions. a) after sitting down, raise hips slightly off chair. b) with hips off chair squeeze your buttocks together. c) at same time contract the muscles of you pelvic floor (like trying to hold urine back). d) hold this tightening until you allow your full weight to settle back into chair.
2. Afterpains - These are a cramping sensation caused from the uterus contracting. It is usually felt by breast feeding mothers each time the baby suckles, as this causes the uterus to further contract. The cramping sensation will diminish and usually are quite mild within 48 hours after delivery. If the afterpains are severe then pain medications can be taken to provide relief. Frequently, these pains are more severe in mother's who have had more than one child.
3. Constipation - Because the bowels tend to remain relaxed after delivery, difficulty in having a bowel movement may present itself. Drinking a minimum of 1 quart of water in addition to fluids taken at meals will help keep your stools soft. Eating foods with roughage such as raw vegetables, cooked fruits, prunes or prune juice, bran flakes, and whole wheat bread will assist in preventing constipation. When on the ward a stool softener or a stool softener/laxative combination will be provided to you. A suppository may be given if difficulty in having a bowel movement is severe. Hemorrhoids may also cause difficulty in having a bowel movement because of the pain associated with them.
4. Hemorrhoids - Hemorrhoids are common due to the pressure exerted on the pelvic floor by the presenting part and the strain of pushing during delivery. They are most painful in the first two to three days following delivery. They will then gradually reduce in size. Painful hemorrhoids are treated with sitz baths, anesthetic sprays or ointments, and the use of cool astringent compresses such as Tucks or witch hazel. Lying on your side will also decrease pressure during the initial period of discomfort. Prevention of constipation will reduce the discomfort of hemorrhoids during bowel movements. Wearing of your peripads loosely will also decrease discomfort caused by hemorrhoids.

Post-Partum Exercises

Heavy lifting or work should be avoided for the first month after delivery. These simple exercises will help you regain your strength and work towards the return of your figure. Perform these exercises along with the exercises described in the prenatal section.



1. Lie on your back with your body and legs straight. Inhale slowly, expanding your chest. Pull your abdominal muscles in and press the small of your back down. Hold for 5 seconds, relax while exhaling. Repeat 5 to 10 times.



2. Raise your head from the floor and bring it as close to your chest as possible. Try to not move any other body part. Repeat 5 to 10 times.



3. Put your arms straight out from your sides. Raise your arms toward the middle of your body until your hands meet. Then reverse movements bringing your arms back down. Keep your arms stiff during these movements. Repeat 10 to 15 times.



4. Lie on your back with your knees partially flexed. With your arms straight out, raise your body to a 45 degree angle. Later, when stronger, perform exercise with your hand clasped behind your head. Perform twice.



5. Bend your legs almost to a right angle. Raise your body, supporting it on your shoulders. Press your knees together, but keep your feet apart and flat on the floor. Contract your buttock muscles at the same time your knees are together. Separate your knees and lower your body to the floor. Perform twice.



6. Without using your hands, raise one leg to a right angle from your body. Let leg return to floor while keeping leg straight. Repeat with other leg. When stronger, raise both legs together. Repeat 5 to 10 times.

Breast Feeding

With today's more natural life styles and higher food prices, most mothers are breast feeding their babies.

Those who have done so successfully will tell you that there is nothing more rewarding, nothing to equal the physical and emotional pleasure of having your baby at your breast.

1. What's good about breast feeding ?

a) Breast milk is easier for your baby to digest. No curds are left in the stomach to cause indigestion, or lead to sour-smelling "spit-up".

b) With a few exceptions, breast milk is always clean and safe. Your baby can neither catch an intestinal infection from it or be allergic to it.

c) It is thought that a breast-fed baby may be better protected against colds, diarrhea, and various infections. This is because your antibodies are passed on to the baby through your milk.

d) Breast feeding stimulates the uterus and helps it return to normal size and position.

e) Breast milk is convenient, has no chance of spoilage, saves time and money.

f) Breast feeding usually does not result in over-feeding since the infant and not the mother determines how much milk is ingested.

g) Breast fed babies do not have sour smelling stools as bottle fed babies do.

2. What else is there to know about breast feeding ?

a) Most breast feeding mothers find that their figure returns quickly to normal, especially if they continue to eat nutritiously.

b) How long to nurse? Weaning is a personal decision. Many babies wean themselves and moms usually find there is a need to wean when teething begins.

c) You may have heard that breast feeding can keep you from menstruating and therefore is a means of contraception. Not true, you may still be ovulating. Therefore check with your health care provider for a means of contraception.

d) If you nurse, you will need to eat about 500 calories a day more than usual for milk production.

e) Adequate fluid intake during nursing is important. This helps to produce breast milk. Your liquid intake should be 3 quarts per 24 hour period.

f) Breast feeding may cause you physical discomfort. Sometimes breasts become painfully swollen with milk. Eliminate and alleviate this with frequent, complete feedings. Often, too, a baby's eager sucking can result in cracked or sore nipples. However, you can usually minimize this by making sure your baby has all of the nipple in its mouth. To release the baby's sucking, push down with one finger on breast next to baby's mouth, thus breaking the suction.

3. Can anybody breast feed ?

Unless you have some illness that does not permit you to breast feed, (for example, active tuberculosis, staph infections, communicable diseases), anyone can breast feed if they desire.

Remember, too, that breast size has nothing to do with how much milk you can produce. Large breasts simply have more fat tissue. It is glandular tissue, not fat tissue, that produces the milk supply. It is the baby's sucking that stimulates milk production, the more vigorously your baby sucks and the bigger his appetite, the more milk you will produce.

An uncomfortable position, worry, tension, upset or conflicting feelings about the act of nursing are the biggest inhibitors of breast feeding. Whatever your decision is, to breast or bottle feed, let it be your decision. Do not be coerced into choosing one form over the other. Whatever your decision, our staff will support and assist you in your goal.

Breast Care

1. Nursing Mothers

- a) Wear a clean, supportive, nursing bra.
- b) Keep your nipples clean and dry. Lanolin or A&D ointment may be used to moisturize your nipples. However, do not use Lanolin if you are allergic to wool.

2. Non-nursing Mothers

- a) Wear a clean, supportive bra.
- b) Keep your nipples clean and dry.
- c) Apply ice to your breasts in case of engorgement
- d) Hand express some milk to reduce engorgement. This will not encourage milk production as it is not enough stimulation to the breast.

3. Mastitis (inflammation of the breast).

Mastitis may vary from a "simple" inflammation of the breast to an abscess formation of the glandular tissue. It may occur any time during lactation but usually will occur 3-4 weeks post delivery. The symptoms of mastitis should not be confused with engorgement. When the infection occurs, the patient complains of acute pain and tenderness in the breast and often complains of general malaise, a chilly sensation, or may have chills followed by a fever up to 105 and an increased pulse rate. On inspection the breast appears hard and reddened. The axillary glands (in the armpit), can be tender. Notify your health care provider at once. For the most part mastitis can be prevented by prophylactic measures. Wear a well fitting supportive bra. Keep the nipples dry and clean. If nipples become cracked, cleanse area with soap and water immediately after feeding the baby.

Forms of Contraception

No method of contraception is 100% effective. Correct use of a method is essential in making it as effective as possible. You and your sexual partner along with your health care provider should decide the best form of contraception to use.

The following methods will provide the form, effectiveness, advantages, and disadvantages for each. General side effects will also be mentioned. Discussion of more complete side-effects should be discussed with your health care provider. Remember, this is a general description and not a complete review.

1. The Pill

Birth control pills refer to any of the oral contraceptives. They are comprised of female hormones and are taken every day. (Note: There are BCF's that can be taken while breast feeding).

Effectiveness - Depends on how correctly the method is used. Generally 97-100% effective.

Advantages - No inconvenient devices to bother with at time of intercourse.

Disadvantages - Must be taken regularly and exactly as instructed by the manufacturer.

Side Effects - may include tender breasts, nausea or vomiting, gain or loss of weight, generalized edema (retention of fluids) in body, unexpected vaginal bleeding.

2. Diaphragms

A diaphragm is a shallow cup of thin rubber stretched over a flexible ring. A sperm-killing cream, jelly, or foam is put in the hollow side of the diaphragm, which is then placed over the cervix prior to intercourse.

Effectiveness - Depends on how correctly the device is used. 80-98% effective.

Advantages - No routine schedule to follow as with the pill. Insertion can be up to 6 hours prior to intercourse.

Disadvantages - Must remain in place 6 hours after intercourse. Size and fit requires yearly checkup. Must be refitted if weight gain or loss of 10 to 20 pounds, after pregnancy, pelvic surgery, or causes pain or discomfort.

Side Effects - Possible allergic reaction to the rubber or the spermicidal jelly.

3. Rhythm Method

The woman must refrain from sexual intercourse on days surrounding the predicted time of monthly ovulation, or for a higher degree of effectiveness, until a few days after the predicted time of ovulation. Ways to determine the approximate time of ovulation include the calendar method, body temperature changes, and cervical mucus changes.

Calendar method : requires careful record keeping of the onset of menstruation and calculation of when ovulation will take place.

Temperature method : The woman must use a special thermometer and keep a daily record of her body temperature upon waking up in the morning and before any activity or smoking. A temperature rise of 0.4 to 0.8 degrees will appear at time of ovulation and remain until the next menstrual period.

Mucus method : Changes in the character, appearance, and quantity of cervical mucus will occur just prior to ovulation. The mucus will be clear and stringy. The women may observe this at the vaginal outlet or may wipe the cervix to obtain a sample. After ovulation the mucus becomes more viscous (thicker). The peak of fertility occurs when the vagina feels very wet, mucus is abundant, clear, slippery, and stretchable (can be stretched 3-4 inches between thumb and forefinger). When this type of mucus has decreased, there may be thick, cloudy sticky mucus or no mucus. When this is observed, the woman is no longer fertile.

Effectiveness - approximately 70-80% if methods used together.

Advantages - No drugs needed.

Disadvantages - Requires careful recording and estimation of the time when there can be no intercourse. Pregnancy can result due to intercourse 24-48 hours prior to noted changes and estimation of ovulation because sperm can survive for this length of time. Difficult to use if menstrual cycles are irregular. Dissatisfaction due to extended time each month when sexual intercourse must be avoided.

Side Effects - None, other than possible pressures placed on couple's relationship due to limited days of sexual intercourse.

4. Condom

The condom is a thin sheath of rubber or processed lamb cecum that fits over the penis.

Effectiveness - Depends on how correctly method is used. Approximately 95% effective. More effective if used in conjunction with spermicidal foam.

Advantages - In addition to contraception, affords protection against venereal diseases. No prescription necessary.

Disadvantages - May reduce the sensation to both partners, more commonly the man. Must interrupt foreplay for application of condom.

Side Effects - May be allergic reaction to the rubber causing burning, irritation, itching or swelling. Switching to natural condom may be a solution.

5. Male sterilization (Vasectomy)

Sterilization is obtained by the severing of the tubes that carry the sperm from the testes. Sperm continues to be produced but are absorbed by the body. A vasectomy does not affect a man's ability to have intercourse or his ability to have an orgasm.

Effectiveness - Virtually 100%. Must remember that several post-surgical ejaculations will contain viable sperm and require other contraceptive measures initially.

Advantages - A one time procedure that will require no further contraceptive measures after sperm count reaches zero.

Disadvantages - Should be considered to be nonreversible.

Side Effects - Complications as in any surgery case may occur. May have infection, hematoma, or inflammatory reaction to own absorbed sperm. Problems easily corrected. Less than 2% have decreased sexual pleasure or inability to have erection. Usually psychological in origin.

6. Female sterilization

The primary method of female sterilization is by cutting, tying, plugging, or removal of the fallopian tubes. This prevents passage of the egg from the ovary to the uterus. Does not decrease a woman's sexual desire or cause hormonal changes. Woman will continue to have menstrual periods. The woman continues egg production, but it is absorbed by the body.

Effectiveness - Virtually 100% (risk of pregnancy about 1 in 150).

Advantages - A one time procedure that will no longer require any other contraceptive measure.

Disadvantages - Surgery is required. Should be considered to be permanent.

Side Effects - As with any surgery may have bleeding, infection, or injury to other organs.

7. IUD (Intrauterine device)

This technique involves inserting a small, usually flexible device into the uterus, that remained as long as contraception is desired. Discussion of the IUD will not be discussed as the manufacturers of these products have ceased production. So availability of these devices will no longer exist.

Discharge Instructions for Mothers

1. Fever is abnormal. If you feel warm or get chills, take your temperature. If temperature is above 100.4, call your health care provider during working hours, or the emergency room after hours, weekends or holidays.
2. Vaginal bleeding is normal for 2-3 weeks post delivery and varies with activity. If bleeding becomes bright red again, heavier than a period, start passing clots, or has a foul odor, call your health care provider or emergency room.
3. Activity: Use common sense. Take rest periods to keep your strength and avoid any excessive strain, or heavy lifting for six weeks. You may start mild exercises.
4. Wear a good supporting bra 24 hours a day for the first couple of weeks. Keep breasts dry and clean. Use breast pads and change frequently if breasts are leaking.
5. Keep your perineum clean and check for any drainage from your episiotomy (if applicable) that is pustular or has a foul odor. Also check for any reddening or increase sensitivity from perineum. Remember that your sutures are absorbable and do not require removal.
6. Eat well balanced meals. Remember that if you are breast feeding, the same foods that may cause you to have gas or loose stools may have the same effect on the baby. If you find that these foods cause the baby problems, avoid them.
7. Take the vitamins and iron as prescribed by your health care provider.
8. For bottle feeders: If breasts become engorged, do not stimulate them in any way. Burp baby on lap, do not take hot showers or allow the stream of water to continually strike your breasts. Wear your bra snugly. You may apply ice packs to the breasts, and take acetaminophen type pain relievers (Tylenol, Panadol, etc.).
9. For breast feeders: Warm showers will help with milk 'letdown'. Feed when relaxed with as little interruptions as possible. Please note: Infants go through growth spurts occurring at about 3 and 6 weeks of age, also 3 and 6 months of age. During this time the infant constantly seems hungry. Simply feed your baby when it's hungry and your body will increase milk production to keep up with the demand.
10. Remember that hormonal imbalances will cause you to feel depressed or cry without any cause. This is known as "Post-partum Blues". Every women goes through this period to some degree. It will pass in short time.
11. Birth control: Talk this over with your sexual partner and health care provider. It is best decided between the three of you.

Discharge Instructions - Care of Baby

1. Take your bulb syringe. You can use it to clear your baby's nose and mouth when the baby spits up or has a cold. Rinse the bulb syringe in warm soapy water to keep it clean.
2. Obtain a thermometer. If you feel your infant is ill, take the baby's temperature prior to calling for advice. You can take the temperature either rectally or axillary (at the armpit).
3. You can bathe the baby every day but you do not have to. Use a mild soap and shampoo. Avoid a drafty area and have the room warm. It is not necessary to use oils, lotions, or powders after a bath. Pat the baby dry.
4. Cord care: Apply alcohol to the cord after each diaper change or a minimum of 5-6 times a day. This will keep the cord dry and help prevent infection. If you notice a yellowish to green discharge from around the cord, it is infected. Seek medical attention. The cord should fall off after 2 weeks time. Slight bleeding at this time is normal.
5. Check the baby's diaper frequently and change as soon as wet or soiled. This will help prevent the infant from getting diaper rash. It is not necessary to use oils, lotions, or powders on baby. Cleansing baby's bottom with warm water is sufficient to remove urine from skin.
6. Circumcision care: Keep the area clean with warm water. Apply the vaseline gauze for the first 48 hours as directed. After this period keeping area clean is sufficient. Boys with a Plastibell applied do not require any extra care. If the plastic ring starts to fall off, do not pull it off. Allow ring to come off on own. Watch for infection such as pustular discharge from incision area.
7. Girl infants: Expect some white discharge from the vagina. Bloody streaks from vaginal discharge is normal. This is caused from hormonal changes. It may last 2-3 weeks. When wiping infant, wipe from front to back.
8. Breast feeding: Feed every 3-4 hours. Be flexible. If pumping breasts and saving the milk, remember that the milk can be saved for 24 hours in refrigerator, and up to 6 months in the freezer. DO NOT defrost or warm the milk in a microwave.
9. Bottle feeding: It is not necessary to sterilize the water if using powder. Your baby will eventually eat up to 6-8 ounces of formula per feeding. Feeding will be as frequent as breast feeders.
10. Do not introduce solid food prior to 6 months of age. Consult your health care provider prior to introduction of solids.
11. Keep the baby dressed as warm as you need to be. Add or delete clothing as needed. Keep infant out of drafts.

DEFINITIONS

Afterbirth - See placenta.

Afterpains - those pains, which result from the contraction efforts of the uterus to return to normal size.

Anemia - a low number of red blood cells or of hemoglobin in relation the total blood volume.

Antepartum - period between start of pregnancy and delivery. Same as prenatal.

Antibody - special chemicals formed by body to fight viruses, bacteria, toxins, and foreign matter.

Apgar - a scoring method for judging the condition of the newborn based on heart rate, respiratory effort, muscle tone, reflexes, and color. Maximum score is 10. Evaluation is done at the 1 minute and 5 minute mark after birth.

Areola - the ring of pigment surrounding the nipple.

Back labor - a condition that occurs in 25% of all labors. Caused when the back of the fetal head is laying on the mother's lower spine.

Bag of waters - The fluid filled sac around the fetus.

Braxton-Hicks contractions - Painless hardening or tightening of the uterus. They can become painful and are often difficult to tell apart from true labor.

Breakthrough bleeding - vaginal spotting or bleeding that occurs between menstrual periods.

Cervix - the lower and narrow end of the uterus. The opening into the uterus.

Cesarean delivery - delivery of the fetus by an incision through the lower abdominal wall and the wall of the uterus.

Circumcision - the removal of all or part of the foreskin of the penis.

Conception - the combining of egg and sperm to start production of a fetus.

Constipation - the infrequent or difficult passage of feces.

Contraception - the prevention of conception or impregnation.

Contraction - the intermittent tightening of the uterus during labor in order to expel its contents.

- Delivery - the birth of the baby whether spontaneously or manually (as in cesarean section or with forceps).
- Eclampsia - a severe condition that will convulsions, coma, or death. See preeclampsia.
- EDC - the abbreviation for Expected Date of Confinement (the calculated date for the birth of the baby).
- Edema - abnormal swelling due to large amounts of fluid in the tissues.
- Effacement - the thinning and shortening of the cervix.
- Engorgement - excessive milk production causing fullness and pain in the breast.
- Episiotomy - incision made along the perineum to enlarge the vaginal opening.
- Fetus - the term used for the baby until delivery.
- Forceps - a two bladed instrument placed on both sides of the baby's head to assist in the delivery.
- Fundus - the uppermost, rounded portion of the uterus. Sometimes used interchangeably with uterus in the post-partum period.
- Infant - a baby; a child under 2 years of age.
- Intrauterine - inside the uterus.
- Labor - the complicated processes of cervical dilation, effacement and uterine contractions that lead to eventual delivery of the baby.
- Let-down reflex - Process by which milk is released from the glands in the breast to the ducts in the nipple.
- Lochia - the vaginal discharge that occurs in the first 2-3 weeks after delivery.
- Mastitis - inflammation (infection) of the breast. Not to be confused with engorgement.
- Meconium - the dark green or black stools of the newborn.
- Mucus plug - a plug that closes the cervical opening during pregnancy.

Orgasm - the peak of sexual excitation. Also called climax.

Paracervical block - a method by which an anesthetic is used to block pain in the uterus during delivery.

Perineum - the tissue between the vagina and the rectum.

Placenta - organ attached to the uterus that supplies the fetus with nutrients and oxygen. It is shed after delivery of the baby.

Post-partum - after delivery.

Preeclampsia - a disorder during pregnancy that will cause high blood pressure, edema, and protein in the urine. Can lead to ecampsia if untreated.

Pudental block - a method by which an anesthetic is used to block pain in the vagina and perineum during delivery.

Quickening - first feeling of movement of the fetus by the mother.

Show (bloody show) - the blood tinged mucus discharged from the vagina before or during labor.

Siblings - brothers and sisters of the newborn.

Umbilical cord - the cord that connects the placenta with the fetus. Simply a transport system.

Uterus - the hollow muscular organ in the female whose purpose is the protection of the developing fetus and expulsion of the fetus at time of delivery.